

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

A: W. , A MINOR,  
BY AND THROUGH HIS NATURAL GUARDIAN,  
SHERI STEWART

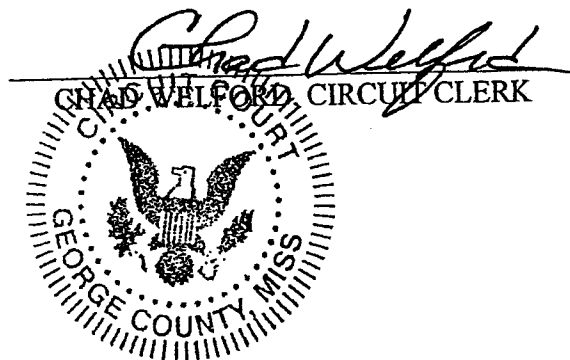
versus NO: 2009-0201(2)

MAKSIN MANAGEMENT CORPORATION, ET AL

CLERK'S CERTIFICATE

I, Chad Welford, Circuit Clerk, in and for said County, do hereby certify that the following documents are a true and correct copy of Circuit Court file # 2009-0201(2) as kept in the office of George County Circuit Clerk.

Given under my hand and seal of office this the 6 day of OCT, 2009.



## FEE BILL, CIVIL CASES, CIRCUIT COURT

State of Mississippi  
George County

WILNER VERSUS MASKSIN ET AL

Case # 2001-0201      Acct #      Paid By CHECK 22348      Rct# 16427

CV-CLERK FEE	85.00
CV-JURY TAX	3.00
CV-SUMMONS ISSUED FEE	2.00
CV-COURT REPORTER	10.00
CV-LAW LIB	2.50
CV-SCEF	2.00
CV-COURT CONSTITUENTS	.50
CV-LEGAL ASSISTANCE	5.00
CV-ELECTRONIC FILING	10.00

=====  
Total      \$120.00

Payment received from RUSHING AND GUICE

Transaction      3273 Received      9/11/2009 at 14:42 Drawer      1 I.D. KDD

Account Balance Due      \$0.00      Receipt Amount      \$120.00

By *Chad Welford* D.C. Chad Welford, Circuit Clerk

Case # 2001-0201      Acct #      Paid By CHECK 22348      Rct# 16427

**COVER SHEET****Civil Case Filing Form**(To be completed by Attorney/Party  
Prior to Filing of Pleading)Mississippi Supreme Court  
Administrative Office of CourtsForm AOC/01  
(Rev 2009)

Court Identification Docket #

20	1	CZ
County #	Judicial District	Court ID (CH, CI, CO)

Case Year

2009

Docket Number

0201

Local Docket ID

09	11	09
Month	Date	Year

This area to be completed by clerk

Case Number if filed prior to 1/1/94

In the CIRCUIT

Court of GEORGE

County —

Judicial District

**Origin of Suit (Place an "X" in one box only)**
☒ Initial Filing  
☐ Remanded

☐ Reinstated  
☐ Reopened

☐ Foreign Judgment Enrolled  
☐ Joining Suit/Action

☐ Transfer from Other court  
☐ Appeal
☐ Other**Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form**

Individual

A

First Name

Maiden Name, if applicable

K.

M.I.

Jr/Sr/III/IV

Last Name

☐ Check ( x ) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:  
 Estate of \_\_\_\_\_

☐ Check ( x ) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:  
 D/B/A or Agency \_\_\_\_\_

Business

 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated  
☐ Check ( x ) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below:  
 D/B/A \_\_\_\_\_
Address of Plaintiff 248 Grain Elevator Road, Lucedale, MS 39452Attorney (Name & Address) R. Scott Wells, Rushing & Guice, P.L.L.C. P.O. Box 1925, Biloxi, MS 39533MS Bar No. 9456☐ Check ( x ) if Individual Filing Initial Pleading is NOT an attorney

Signature of Individual Filing: \_\_\_\_\_

**Defendant - Name of Defendant - Enter Additional Defendants on Separate Form**

Individual

Last Name

First Name

Maiden Name, if applicable

M.I.

Jr/Sr/III/IV

☐ Check ( x ) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:  
 Estate of \_\_\_\_\_

☐ Check ( x ) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:  
 D/B/A or Agency \_\_\_\_\_
Business Maksin Management Corporatin - New Jersey
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated  
☐ Check ( x ) if Business Defendant is acting in the name of an entity other than the above, and enter below:  
 D/B/A \_\_\_\_\_

Attorney (Name &amp; Address) - If Known \_\_\_\_\_

MS Bar No. \_\_\_\_\_

**Damages Sought:**

Compensatory \$ \_\_\_\_\_

Punitive \$ \_\_\_\_\_

☐ Check ( x ) if child support is contemplated as an issue in this suit.\*

\*If checked, please submit completed Child Support Information Sheet with this Cover Sheet

**Nature of Suit (Place an "X" in one box only)**

<b>Domestic Relations</b>	<b>Business/Commercial</b>
<input type="checkbox"/> Child Custody/Visitation	<input type="checkbox"/> Accounting (Business)
<input type="checkbox"/> Child Support	<input type="checkbox"/> Business Dissolution
<input type="checkbox"/> Contempt	<input type="checkbox"/> Debt Collection
<input type="checkbox"/> Divorce: Fault	<input type="checkbox"/> Employment
<input type="checkbox"/> Divorce: Irreconcilable Diff.	<input type="checkbox"/> Foreign Judgment
<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Garnishment
<input type="checkbox"/> Emancipation	<input type="checkbox"/> Replevin
<input type="checkbox"/> Modification	<input type="checkbox"/> Other _____
<input type="checkbox"/> Paternity	
<input type="checkbox"/> Property Division	<b>Probate</b>
<input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Accounting (Probate)
<input type="checkbox"/> Termination of Parental Rights	<input type="checkbox"/> Birth Certificate Correction
<input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA)	<input type="checkbox"/> Commitment
<input type="checkbox"/> Other _____	<input type="checkbox"/> Conservatorship
	<input type="checkbox"/> Guardianship
	<input type="checkbox"/> Heirship
	<input type="checkbox"/> Intestate Estate
	<input type="checkbox"/> Minor's Settlement
	<input type="checkbox"/> Muniment of Title
	<input type="checkbox"/> Name Change
	<input type="checkbox"/> Testate Estate
	<input type="checkbox"/> Will Contest
	<input type="checkbox"/> Other _____

**Appeals**
☐ Administrative Agency  
☐ County Court  
☐ Hardship Petition (Driver License)  
☐ Justice Court  
☐ MS Dept Employment Security  
☐ Worker's Compensation  
☐ Other \_\_\_\_\_
**Children/Minors - Non-Domestic**
☐ Adoption - Contested  
☐ Adoption - Uncontested  
☐ Consent to Abortion Minor  
☐ Removal of Minority  
☐ Other \_\_\_\_\_  
**Civil Rights**  
☐ Elections  
☐ Expungement  
☐ Habeas Corpus  
☐ Post Conviction Relief/Prisoner  
☐ Other \_\_\_\_\_  
**Contract**  
☐ Breach of Contract  
☐ Installment Contract  
☒ Insurance  
☐ Specific Performance  
☐ Other \_\_\_\_\_  
**Statutes/Rules**  
☐ Bond Validation  
☐ Civil Forfeiture  
☐ Declaratory Judgment  
☐ Injunction or Restraining Order  
☐ Other \_\_\_\_\_
**Real Property**
☐ Adverse Possession  
☐ Ejectment  
☐ Eminent Domain  
☐ Eviction  
☐ Judicial Foreclosure  
☐ Lien Assertion  
☐ Partition  
☐ Tax Sale: Confirm/Cancel  
☐ Title Boundary or Easement  
☐ Other \_\_\_\_\_
**Torts**
☒ Bad Faith  
☐ Fraud  
☐ Loss of Consortium  
☐ Malpractice - Legal  
☐ Malpractice - Medical  
☐ Mass Tort  
☐ Negligence - General  
☐ Negligence - Motor Vehicle  
☐ Product Liability  
☐ Subrogation  
☐ Wrongful Death  
☐ Other \_\_\_\_\_

IN THE COUNTY COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI  
 \_\_\_\_\_ JUDICIAL DISTRICT, CITY OF \_\_\_\_\_

Docket No. \_\_\_\_\_ Docket No. If Filed  
 File Yr \_\_\_\_\_ Chronological No. \_\_\_\_\_ Clerk's Local ID \_\_\_\_\_ Prior to 1/1/94 \_\_\_\_\_

**DEFENDANTS IN REFERENCED CAUSE - Page 1 of \_\_\_\_\_ Defendants Pages**  
**IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

**Defendant #2:**

**Individual:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Jr/Sr/III/IV  
 Last Name First Name Maiden Name, if Applicable Middle Init.

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** National Union Fire Insurance Company of Pittsburgh, PA - Pennsylvania  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_\_ Not an Attorney(✓) \_\_\_\_\_

**Defendant #3:**

**Individual:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Jr/Sr/III/IV  
 Last Name First Name Maiden Name, if Applicable Middle Init.

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** AIG Life Insurance Company - Delaware  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_\_ Not an Attorney(✓) \_\_\_\_\_

**Defendant #4:**

**Individual:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Jr/Sr/III/IV  
 Last Name First Name Maiden Name, if Applicable Middle Init.

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A \_\_\_\_\_

**Business** Mississippi High School Activities Association, Inc. - Mississippi  
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: \_\_\_\_\_ Bar # or Name: \_\_\_\_\_ Pro Hac Vice (✓) \_\_\_\_\_ Not an Attorney(✓) \_\_\_\_\_

RUSHING & GUICE, P.L.L.C.

A T T O R N E Y S A T L A W

R. SCOTT WELLS†  
swells@rushingguice.com

604 Porter Avenue  
Ocean Springs, MS 39564

P.O. Box 1925  
Biloxi, MS 39533-1925

Phone 228-374-2313  
Fax 228-875-5987

www.rushingguice.com

September 11, 2009

File No. 7992

Mr. Chad Welford  
George County Circuit Clerk  
355 Cox Street, Suite C  
Lucedale, Mississippi 39452

HAND-DELIVERED

Re: Minor, By and Through his Natural Guardian,  
Sheri Stewart vs. Maksin Management Corporation, et al.

Dear Mr. Welford:

Enclosed regarding the above-referenced matter please find the following documents:

1. Cover sheet;
2. Service Election Form;
3. Summonses; and
4. Complaint.

Please file the Complaint and issue the Summonses. A check in the amount of \$120.00 is enclosed to cover the cost of filing same.

With kindest regards, I am

Very truly yours,

RUSHING & GUICE, P.L.L.C.

  
R. SCOTT WELLS

RSW/sc  
Enclosures

I:\7992\Working Files\2009-0911.RSW.clerk.filing complaint.wpd



IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

....., A MINOR,  
BY AND THROUGH HIS NATURAL  
GUARDIAN, SHERI STEWART

PLAINTIFF

VERSUS

CAUSE NO. 2009-0201(2)

MAKSIN MANAGEMENT CORPORATION,  
NATIONAL UNION FIRE INSURANCE  
COMPANY OF PITTSBURGH, PA, AIG LIFE  
INSURANCE COMPANY AND  
MISSISSIPPI HIGH SCHOOL ACTIVITIES  
ASSOCIATION, INCORPORATED,  
AS THE PRIMARY INSURED

DEFENDANTS

COMPLAINT

COMES NOW the plaintiff, a Minor, by and through his  
natural guardian, Sheri Stewart, and files this, his Complaint, against the defendants,  
Maksin Management Corporation, National Union Fire Insurance Company of Pittsburgh,  
PA, AIG Life Insurance Company and Mississippi High School Activities Association,  
Incorporated, as the primary insured, and, for good cause of action, states unto the Court  
the following, to-wit:

I.

The plaintiff, ( ), is the minor child of Sheri Stewart and  
is a resident of the State of Mississippi, residing at 248 Grain Elevator Road, Lucedale,  
Mississippi 39452.

II.

The defendant Maksin Management Corporation ("Maksin") is believed to be a  
foreign corporation organized under the laws of the State of New Jersey and may be

**FILED**

SEP 11 2009

Page 1 of 5

served with process at CT Corporation, 645 Lakeland East Drive, Flowood, Mississippi 39232. The defendant National Union Fire Insurance Company of Pittsburgh, PA ("National") is believed to be a foreign insurer organized under the laws of the State of Pennsylvania and may be served with process at Corporation Service Company, 2704 Commerce Drive, Suite B, Harrisburg, Pennsylvania 17110. The defendant AIG Life Insurance Company ("AIG") is believed to be a foreign insurer organized under the laws of the State of Delaware and may be served with process at 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808. The defendant Mississippi High School Activities Association, Incorporated ("MHSAA") is the primary insured under the applicable policy of insurance and is a Mississippi non-profit corporation which may be served at 145 Millsaps Avenue, Jackson, Mississippi.

III.

Jurisdiction is proper in this Court under Miss. Code Ann. 9-7-81. Jurisdiction and venue is proper in George County as this is the location where the injuries were sustained, where the cause of action accrued and where the plaintiff resides, and as Defendants were all doing business within George County.

IV.

On or about September 13, 2006, [redacted] was participating in a school sponsored ninth grade football practice in George County, Mississippi when he suffered injuries. [redacted] participated in practice and suffered damage to an artery in his neck, which caused him to have a stroke and suffer other injuries from which he still suffers, and which have left him partially paralyzed.



V.

Due to his injuries, [redacted] has suffered immensely and has undergone numerous surgeries, hospital visits, and extensive therapy resulting in great expense.

VI.

The Mississippi High School Activities Association ("MHSAA") secured a catastrophic insurance coverage policy from National, AIG and Maksin in the amount of \$2,000,000.00 and said policy covered MHSAA sponsored activities, such as the football practice in which [redacted] was injured, and bears policy number AIC0006497. MHSAA is listed as the policy holder on said policy and Plaintiff is a beneficiary. See attached "Exhibit A" which is a copy of a notice of acquisition of policy and notice of claim.

VII.

The plaintiff requested coverage for his medical expenses from National, AIG and Maksin and submitted a claim bearing claim number 0634182302. Maksin is believed to be the third party administrator of the Catastrophic Accident Insurance policy which was underwritten by National and AIG.

VIII.

[redacted] has incurred substantial, reasonable, and necessary doctor, medical, hospital, and other related expenses, and Maksin, National and AIG have wilfully and in bad faith failed and/or refused to pay amounts owed under the policy. Maksin, National and AIG have neither supplied a statement of benefits nor a denial of benefits and have failed and/or refused to pay any benefits. Due to the non-receipt of insurance benefits, [redacted] has not always had the best treatment or equipment available to assist his recovery from his injuries and may have sustained additional injuries due to a lack of funding. Maksin,



National and AIG should be held liable for the amount of insurance coverage which was available and for any such additional damages based upon their negligence and/or intentional acts which deprived / of needed medical care and treatment.

IX.

Furthermore, under Miss. Code Ann. 11-1-65, Maksin, National and AIG lack any arguable or legitimate basis to deny or fail to provide coverage to / and have acted maliciously and/or with gross negligence, and should be held liable for punitive damages in an amount not less than the sum of Two Hundred Million Dollars (\$200,000,000.00), or in an amount consistent with the scheme accepted within the State of Mississippi for the awarding of punitive damages.

WHEREFORE, Plaintiff prays that after due proceedings are had that a Judgment be rendered in favor of the Plaintiff and against Maksin Management Corporation, National Union Fire Insurance Company of Pittsburgh, PA and AIG Life Insurance Company for insurance coverage and proceeds to which Plaintiff may be entitled under the policy of insurance, for damages in an amount to be proven at the trial of this cause, said damages including actual damages, compensatory damages and any other such damages which Plaintiff has suffered as a result of the actions or negligence of Maksin Management Corporation, National Union Fire Insurance Company of Pittsburgh, PA and AIG Life Insurance Company and which may be proven at the trial of this cause but not less than Twenty Million Dollars (\$20,000,000.00), for punitive damages in an amount not less than ten times the amount of damages to which Plaintiff is entitled, or the sum of Two Hundred Million Dollars (\$200,000,000.00), or such an amount which is consistent with the scheme accepted by the State of Mississippi for the awarding of such damages,

for all costs of this cause and for such other relief to which Plaintiff may be entitled under the premises.

Respectfully submitted,

BY:



R. SCOTT WELLS  
Mississippi Bar #9456  
RUSHING & GUICE, P.L.L.C.  
P. O. Box 1925  
Biloxi, MS 39533  
Telephone: (228) 374-2313  
Fax: (228) 875-5987

ATTORNEYS FOR PLAINTIFF.

/ A  
MINOR, BY AN THROUGH HIS  
NATURAL GUARDIAN, SHERI  
STEWART

W:\7992\Working Files\p\2009-0910.Complaint.Maksin.wpd

Mississippi High School Activities Association, Inc.

1201 Clinton/Raymond Road, P.O. Box 127  
Clinton, Mississippi 39060  
601-924-6400 Fax: 601-924-1725

Ennis H. Proctor, Ed.D  
Executive Director

N. Z. Bryant  
Deputy Director

Charles Barron  
President

Website: [www.misshsaa.com](http://www.misshsaa.com)

Larry Thomas  
Associate Director



TO: Superintendents, High School and Junior High School Principals

FROM: Ennis H. Proctor *EHP*

SUBJECT: Catastrophic Insurance

DATE: August 22, 2006

Hope all of you are having a good year. As I mentioned to you at our district meetings, we have secured catastrophic insurance in the amount of \$2,000,000 for the 2006-2007 school year with The Maksin Group out of New Jersey. There is a \$25,000 deductible and a guaranteed pay out to anyone whose medical expenses exceed \$25,000. Our students will have two years after the date of the injury or accident to satisfy the deductible.

Mr. Jerry Lyons, a former coach and now President of Jerry Lyons Agency, will be the local administrator for our policy. Please contact his office 800-264-6593 or Jackson area 601-977-0170 if you have a claim and he will provide you with the services that are necessary. Enclosed is a brochure for you to keep on file explaining the insurance coverage. Remember that all of the activities sponsored by the MHSAA are covered under this policy and not just the athletic programs.

Thank you for your cooperation.

mls

Enclosure

EXHIBIT A

AIG LIFE INSURANCE COMPANY  
MAIL TO: JERRY LYONS AGENCY

## NOTIFICATION OF INJURY

FOR OFFICE USE ONLY

MAKSI CLAIM FORM 10  
MAKSI MANAGEMENT  
CN 980  
PENNSAUKEN, WI 08110  
(800) 257-6250

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and imprisonment in prison.

Policy Number  
AIC 0006497  
Reference Number  
AMK904587  
Coverage Code  
062823525

2 006-2007

SEE CLAIM INSTRUCTIONS ON THE BACK OF THIS FORM.

2006-2007

"MHSAA/CATASTROPHIC PLAN"		PART I - SCHOOL REPORT		"MHSAA/CATASTROPHIC PLAN"		
1. Name of School GEORGE COUNTY HIGH		2. School District GEORGE COUNTY SCHOOL DISTRICT				
3. Name of Student Last First Middle Initial		4. Social Security No. 3375	5. Grade 9	6. Birthdate /92	7. Sex M	
8. Nature of Injury (Please describe fully indicating what part of body was injured - e.g. broken arm, sprained ankle, etc.) Ruptured artery in neck which led to stroke.						
9. Describe how accident occurred. (Give all possible details.) MUST BE A BODILY INJURY DUE TO ACCIDENT. Received blow to neck during practice.						
9A. Was the accident school-related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
10. Did Accident Occur:		11. a) Date of Accident		12. Name of Activity		
a) While claimant was supervised <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Sept. 13, 2006		9th Grade Football practice		
b) During sponsored activity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		b) Time				
c) During programmed hours <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4:30 p.m.				
d) On activity premises <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c) Place		13. Name and Title of Supervisor		
e) While traveling directly and uninterruptedly to or from home premises and school for regular school sessions or school sponsored and supervised activities. <input type="checkbox"/> Yes <input type="checkbox"/> No		football practice field		Kirk Ladner-9th grade Head Coach		
14. Signature of School Officer Al Jones		15. Title A.D. / Head F.B.		16. Date 10-2-06		

NO CLAIM WILL BE PROCESSED UNLESS ALL INSTRUCTIONS ARE FOLLOWED AND FORM IS COMPLETED IN FULL

## PART II - TO BE COMPLETED BY PARENT OR GUARDIAN

1. Name of Father or Guardian Martin Wilner / Michael Stewart		2. Social Security No. 9822 / 587-800739	
3. Name of Mother or Guardian Sheryl G Stewart		4. Social Security No. 8762	
5. Address, City, State, of Parents or Guardian/Claimant 248 Grain Elevator		5A. Telephone Number 601-508-7518 / 601-766-3746 / 832-588-0550	
5A. Father or Guardian's Insurance Company(ies) Fox-Everett-Fox 570 VTHM (Group)		5B. Mother or Guardian's Insurance Company(ies) Blue Cross Blue Shield (Group)	
6A. Name, Address, City, State, and Phone Number of Father or Guardian's Employer VT. Hatter Marine Elder Ferry Rd. Cross Point ms 828-475-1211 (Member # FES700445-10)		6B. Name, Address, City, State, and Phone Number of Mother or Guardian's Employer Dept. of Homeland Sec. (FEMA) Hwy 90 O. Springs ms 832-588-0550	
7. List other insurance policies under which claimant is insured Company		Policy No.	
1. Fox-Everett-VTHM		FES700445-10	
2. Blue Cross/Blue Shield - Fed Emp		2A. R59380746	

I affirm: I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws.

Signature of Parent or Guardian [Signature] Date 09-25-06

Authorization: I hereby authorize any physician or hospital who has treated or attended the above claimant to furnish the insurance company or its representative any information requested. A photocopy of this authorization is to be considered valid.

Signature of Insured (Parent or Guardian if Insured is under 18) [Signature]Date 09-25-06

Accident insurance coverage is available to cover students for accidental injury or accidental death occurring while the policy is in force. Maksin Management Corp is the administrator of this coverage.

Benefits are provided on a full excess or primary excess basis for covered expenses incurred within a certain time period\* after the date of the accident.

**Full Excess** means that benefits are payable to the applicable maximum for covered expenses that are in excess of other valid and collectible insurance.

You must submit your claim to your insurance company first. When you receive their Explanation of Benefits (EOB), send it to us, along with corresponding itemized bills. We will pay benefits for eligible expenses per the terms of the policy.

**Primary Excess** means that benefits are payable for the first \$100 of eligible covered expenses, without regard to other insurance. Additional eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

Submit your claim to Maksin Management Corp first. We will pay the first \$100 of eligible covered expenses. You must then submit your claim to your insurance company. When you receive their Explanation of Benefits (EOB), send it to us, along with corresponding itemized bills. We will pay benefits for eligible expenses per the terms of the policy.

If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits, otherwise our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.

**Primary coverage** is available under voluntary plans. Primary means that benefits are payable for covered expenses from the first dollar, without regard to other insurance, according to the terms of the policy.

#### **CLAIM INSTRUCTIONS**

In case of accident, notify the school immediately.

1. Treatment must commence within 90 days from the date of the injury.
2. Please be sure to notify **ALL** treatment facilities (Doctor's Office, Hospital, etc.) of this insurance coverage so that the invoices can be sent directly from the medical facility to The Maksin Group for payment.
3. Send this claim form to us within 90 days from the date of the injury. DO NOT leave this form with the school, coach, hospital, physician, etc.
4. Do not leave any blank spaces or write "N/A" in a space. If either parent is uninvolved, deceased, unemployed, self-employed or disabled, please state so. If you do not have insurance, please state "no insurance". If you are employed, please provide us with a statement from your employer that the claimant has no insurance. (Our office will submit an insurance questionnaire to your employer to be used as verification of no dependent coverage).
5. If your child is insured under Medicaid, please indicate this.
6. Please attach itemized bills to the claim form, or mail them as soon as possible. An itemized bill includes treatment rendered, the dates of the treatment, physician's or hospital's name, address and tax I.D. number, and diagnosis code. Balance Due bills are not acceptable.
7. If you have other insurance, your insurance company will send you an Explanation of Benefits (EOB) which shows what they paid or denied. We need a copy of the EOB for each itemized bill submitted to us.
8. Or, your provider(s) may forward the itemized bills to us along with the corresponding EOBs.
9. Our address is Maksin Management Corp, CN 98000, Pennsauken, NJ 08110. Customer Service can be reached on 800-257-6250. We will be happy to assist you.
10. Benefits are paid to the providers of service unless we receive paid receipts.

\*All policies have a limited benefit period. The insured will be covered for a minimum of one year from the date of the accident. For the exact benefit period of the claim, contact Maksin Management or your school.

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI  
STATE OF MISSISSIPPI

CIVIL ACTION FILE NO. 2009-0201(2)

**PLAINTIFF'S ELECTION FORM FOR SERVICE OF PROCESS:**

Plaintiff, by attorney hereby elects service of process by the method indicated below:

A. ( ) By the Sheriff of the county in which the Defendant or Defendants resides for service under subparagraph (c) (2) of Rule 4 of the Mississippi Rules of Civil Procedure.

B. ( ) By a Process Server elected by the Plaintiff who is not a party and is not less than 18 years of age for service under subparagraphs (c) (1) of Rule 4 of the Mississippi Rules of Civil Procedure.

C. (XX) By mail as provided by (c) (3) of Rule 4 of the Mississippi Rules of Civil Procedure.

D. ( ) By Publication as authorized under subparagraph (c) (4) of Rule 4 of the Mississippi Rules of Civil Procedure.

E. ( ) By certified mail on person outside of state as provided under subparagraph (c) (5) of Rule 4 of the Mississippi Rules of Civil Procedure.

F. ( ) Do not issue summons in this case as it is my intention to get a waiver from the Defendant or Defendants. I will file this waiver as soon as it is secured.

This the 11 day of September, 2009.

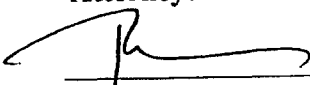
**FILED**

SEP 1 2009

Chad Volford, Circuit Clerk

By: \_\_\_\_\_ D.C.

**RUSHING & GUICE, P. L. L. C.**  
Attorneys for Plaintiff

  
R. SCOTT WELLS  
Mississippi Bar #9456

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

BY AND THROUGH HIS MOTHER,  
SHERI STEWART

PLAINTIFF

VS.

NO. 2009-2301(2)

MAKSIN MANAGEMENT CORPORATION,  
ET AL.

DEFENDANTS

SUMMONS

THE STATE OF MISSISSIPPI  
COUNTY OF JACKSON

TO: Mississippi High School Activities  
Association, Inc.  
145 Millsaps Avenue  
Jackson, Mississippi

NOTICE TO DEFENDANT

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND  
YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

You are required to mail or hand-deliver a copy of a written response to the Complaint to  
Rushing & Guice, P. L. L. C., the attorneys for the Plaintiff, whose address is Post Office Box  
1925, Biloxi, Mississippi 39533-1925. Your response must be mailed or delivered within thirty  
(30) days from the date of deliver of this summons and Complaint or a Judgment by default will  
be entered against you for the money or other things demanded in the Complaint.

You must also file the original of your response with the Clerk of this Court within a  
reasonable time afterward.

Issued under my hand and the seal of said Court, on this the 11 day of  
Sept, 2009.

GEORGE COUNTY CIRCUIT CLERK

(SEAL)

BY: Kim Davis, D.C.



IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI  
STATE OF MISSISSIPPI

CIVIL ACTION FILE NO. 2009-0201 (2)

**PLAINTIFF'S ELECTION FORM FOR SERVICE OF PROCESS:**

Plaintiff, by attorney hereby elects service of process by the method indicated below:

A. ☐ By the Sheriff of the county in which the Defendant or Defendants resides for service under subparagraph (c) (2) of Rule 4 of the Mississippi Rules of Civil Procedure.

B. ☐ By a Process Server elected by the Plaintiff who is not a party and is not less than 18 years of age for service under subparagraphs (c) (1) of Rule 4 of the Mississippi Rules of Civil Procedure.

C. ☐ By mail as provided by (c) (3) of Rule 4 of the Mississippi Rules of Civil Procedure.


D. ☐ By Publication as authorized under subparagraph (c) (4) of Rule 4 of the Mississippi Rules of Civil Procedure.

E. ☒ By certified mail on person outside of state as provided under subparagraph (c) (5) of Rule 4 of the Mississippi Rules of Civil Procedure.

F. ☐ Do not issue summons in this case as it is my intention to get a waiver from the Defendant or Defendants. I will file this waiver as soon as it is secured.

This the 11 day of September, 2009.

RUSHING & GUICE, P. L. L. C.  
Attorneys for Plaintiff

  
R. SCOTT WELLS  
Mississippi Bar #9456

SEP 14 2009

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

BY AND THROUGH HIS MOTHER,  
SHERI STEWART

PLAINTIFF

VS.

NO. 2009-0201(2)

MAKSIN MANAGEMENT CORPORATION,  
ET AL.

DEFENDANTS

SUMMONS

THE STATE OF MISSISSIPPI  
COUNTY OF JACKSON

TO: Maksin Management Corporation  
c/o CT Corporation  
645 Lakeland East Drive  
Flowood, Mississippi 39232

NOTICE TO DEFENDANT

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND  
YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

You are required to mail or hand-deliver a copy of a written response to the Complaint to  
Rushing & Guice, P. L. L. C., the attorneys for the Plaintiff, whose address is Post Office Box  
1925, Biloxi, Mississippi 39533-1925. Your response must be mailed or delivered within thirty  
(30) days from the date of deliver of this summons and Complaint or a Judgment by default will  
be entered against you for the money or other things demanded in the Complaint.

You must also file the original of your response with the Clerk of this Court within a  
reasonable time afterward.

Issued under my hand and the seal of said Court, on this the 11 day of  
Sept, 2009.

GEORGE COUNTY CIRCUIT CLERK

(SEAL)

BY: Kim Davis, D.C.

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

BY AND THROUGH HIS MOTHER,  
SHERI STEWART

PLAINTIFF

VS.

NO. 2009-020112

MAKSIN MANAGEMENT CORPORATION,  
ET AL.

DEFENDANTS

SUMMONS

THE STATE OF MISSISSIPPI  
COUNTY OF JACKSON

TO: National Union Fire Insurance Company  
of Pittsburgh, P.A.  
c/o Corporation Service Company  
2704 Commerce Drive, Suite B  
Harrisburg, Pennsylvania 17110

NOTICE TO DEFENDANT

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND  
YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

You are required to mail or hand-deliver a copy of a written response to the Complaint to  
Rushing & Guice, P. L. L. C., the attorneys for the Plaintiff, whose address is Post Office Box  
1925, Biloxi, Mississippi 39533-1925. Your response must be mailed or delivered within thirty  
(30) days from the date of deliver of this summons and Complaint or a Judgment by default will  
be entered against you for the money or other things demanded in the Complaint.

You must also file the original of your response with the Clerk of this Court within a  
reasonable time afterward.

Issued under my hand and the seal of said Court, on this the 12 day of  
Sept, 2009.

GEORGE COUNTY CIRCUIT CLERK

(SEAL)

BY: Kim Davis, D.C.

IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

BY AND THROUGH HIS MOTHER,  
SHERI STEWART

PLAINTIFF

VS.

NO. 2009-0201(2)

MAKSIN MANAGEMENT CORPORATION,  
ET AL.

DEFENDANTS

SUMMONS

THE STATE OF MISSISSIPPI  
COUNTY OF JACKSON

TO: AIG Life Insurance Company  
2711 Centerville Road, Suite 400  
Wilmington, Delaware 19808

NOTICE TO DEFENDANT

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND  
YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

You are required to mail or hand-deliver a copy of a written response to the Complaint to  
Rushing & Guice, P. L. L. C., the attorneys for the Plaintiff, whose address is Post Office Box  
1925, Biloxi, Mississippi 39533-1925. Your response must be mailed or delivered within thirty  
(30) days from the date of deliver of this summons and Complaint or a Judgment by default will  
be entered against you for the money or other things demanded in the Complaint.

You must also file the original of your response with the Clerk of this Court within a  
reasonable time afterward.

Issued under my hand and the seal of said Court, on this the 11 day of  
Sept, 2009.

GEORGE COUNTY CIRCUIT CLERK

(SEAL)

BY: Kind Davis, D.C.

## IN THE CIRCUIT COURT OF GEORGE COUNTY, MISSISSIPPI

BY AND THROUGH HIS MOTHER,  
SHERI STEWART

SEP 2 2009

PLAINTIFF

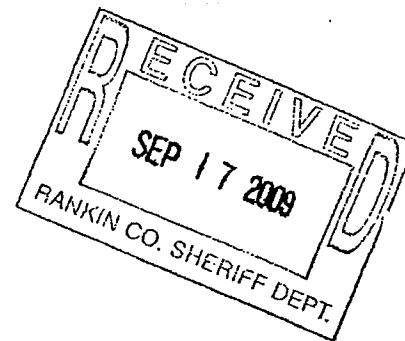
VS.

Chad Workford, Circuit Clerk NO. 2009-0201(2)

By: S.H. D.C.

MAKSIN MANAGEMENT CORPORATION,  
ET AL.

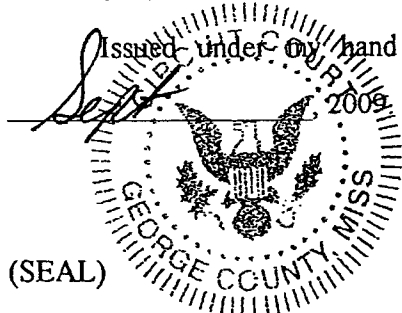
DEFENDANTS

SUMMONSTHE STATE OF MISSISSIPPI  
COUNTY OF JACKSONTO: Maksin Management Corporation  
c/o CT Corporation  
645 Lakeland East Drive  
Flowood, Mississippi 39232NOTICE TO DEFENDANTTHE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND  
YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

You are required to mail or hand-deliver a copy of a written response to the Complaint to Rushing & Guice, P. L. L. C., the attorneys for the Plaintiff, whose address is Post Office Box 1925, Biloxi, Mississippi 39533-1925. Your response must be mailed or delivered within thirty (30) days from the date of deliver of this summons and Complaint or a Judgment by default will be entered against you for the money or other things demanded in the Complaint.

You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

Issued under my hand and the seal of said Court, on this the 11 day of



GEORGE COUNTY CIRCUIT CLERK

BY: Kim Davis D.C.

STATE OF MISSISSIPPI  
COUNTY OF RANKIN

I have this day executed the within writ by personally  
delivering true copies of the within writ

to Maksim Management Corp.

By Serving C. T. Corp. Agent Ronnie Jones

This the 18th day of Sept., 2009

RONNIE PENNINGTON, SHERIFF

BY [Signature] D.S.